

Received Time Nov. 12, 2007 11:23AM No. 6214

SEMI-ANNUAL LOBBYING EXPENDITURE REPORT FOR EMPLOYERS OF LOBBYISTS

INSTRUCTIONS: This Semi-Annual Lobbying Expenditure Report is for reporting all expenditures relating to lobbying in the State of Tennessee. Pursuant to T.C.A. § 3-6-303(a), this Report is due within forty-five (45) days after the conclusion of the six-month periods ending March 31 and September 30. The Report must be filed with the Tennessee Ethics Commission, 201 4th Avenue North, Suite 1820, Nashville, TN 37243. If you have questions, please feel free to contact the Commission at (615) 253-5634 or e-mail us at ethics.counsel@state.tn.us. You must complete every item. Attach additional pages as necessary. Please note that the information listed on this Report will be posted on the Commission's website as required by T.C.A. § 3-6-303(3)(b).

1 a. **DATE OF DISCLOSURE** November 12, 2007

b. **REPORTING PERIOD** [check box]: ☐ October 1 – March 31

☒ April 1 – September 30

2. a. **NAME OF CORPORATION/ENTITY** Farmers Insurance Group of Companies

b. **NAME OF CEO, CFO, or TITLE AND NAME of PERSON RESPONSIBLE FOR SUPERVISING LOBBYISTS**
Jerry Workman, Director

3. a. **ADDRESS** Street or Rural Route City State Zip Code

22 Inverness Center Pkwy, Suite # 510, Birmingham, AL. 35242

b. **PHONE NUMBER** (205) 980-2132

4. LOBBYING INTERESTS

a. List the general subject area(s) lobbied, e.g., "healthcare," "insurance,"

Personal & Commercial Insurance

b. Describe the general nature and interest of the entity employing or retaining lobbying services, e.g., "insurance company," "professional association," etc.

Insurance Company

Tennessee
Ethics Commission

TEC

RECEIVED
2007 NOV 15 AM 9:06
TENNESSEE
ETHICS COMMISSION

Received Time Nov. 12, 2007 11:23AM No. 6214

Page 2 of 3

38-6011

5. TOTAL AGGREGATE LOBBYIST COMPENSATION. The term "compensation" is defined by T.C.A. § 3-6-

301(7) as "... any salary, fee, payment, reimbursement or other valuable consideration, or any combination thereof,

whether received or to be received; however, 'compensation' does not include the salary or reimbursement of an

individual whose lobbying is incidental to that person's regular employment."

State the aggregate total amount of lobbyist compensation paid by the employer. For purposes of the

disclosure, compensation paid to any lobbyist who performs duties for the employer in addition to lobbying and related

activities shall be apportioned to reflect the lobbyist's time allocated for lobbying and related activities in this state (see

more detailed definitions of "Lobbying," "Administrative Action" and "Legislative Action," and exceptions thereto, in

T.C.A. § 3-6-301). Authority: T.C.A. § 3-6-303(a)(1)(A)-(K). (Check the appropriate box.)

- ☐ Less than \$10,000 ☐ At least \$10,000 but less than \$25,000
- ☐ At least \$25,000 but less than \$50,000 ☒ At least \$50,000 but less than \$100,000
- ☐ At least \$100,000 but less than \$150,000 ☐ At least \$150,000 but less than \$200,000
- ☐ At least \$200,000 but less than \$250,000 ☐ At least \$250,000 but less than \$300,000
- ☐ At least \$300,000 but less than \$350,000 ☐ At least \$350,000 but less than \$400,000
- ☐ If the aggregate total amount is \$400,000 or more, you must round the aggregate total to the nearest

fifty

thousand dollars (\$50,000):

6. LOBBYIST NAMES. List the names of the individual lobbyists who rendered services in the State of

Tennessee. Indicate whether they are employed within your organization by checking the "In-House Lobbyist"

box. Attach additional pages as needed. Authority: T.C.A. § 3-6-303(a)(1).

LOBBYIST NAME IN-HOUSE LOBBYIST

Harvey Fletcher ☒

☐

☐

☐

7. LOBBYING-RELATED EXPENDITURES

NOTE: For the purposes of this Report, any expenditure made for the purpose of achieving a multi-state

effect shall be apportioned equally among those states.

Excluding lobbyist compensation (which is reported under 5), state the aggregate total of expenses paid directly by

the employer to third party vendors, for the purpose of influencing legislative or administrative action through public

opinion or grassroots action in the State of Tennessee. These expenditures include, but are not limited to, costs

relating to printing, publishing, advertising, broadcasting, paid announcements, audiotapes,

videotapes, compact discs,

digital video discs, infomercials, rallies, demonstrations, seminars, lectures, conferences,

postage, telephone related

costs, internet services, public relations services, governmental relations services, polling

services, travel expenses,

Received Time Nov. 12, 2007 11:23AM No. 6214

grants to issue groups or grassroots organizations or any other expense incurred lobbying.

Authority: T.C.A. § 3-6-

303(a)(2)(A)-(K). (Check the appropriate box.)

- ☒ (Less than \$10,000) ☐ At least \$10,000 but less than \$25,000
- ☐ At least \$25,000 but less than \$50,000 ☐ At least \$50,000 but less than \$100,000
- ☐ At least \$100,000 but less than \$150,000 ☐ At least \$150,000 but less than \$200,000
- ☐ At least \$200,000 but less than \$250,000 ☐ At least \$250,000 but less than \$300,000
- ☐ At least \$300,000 but less than \$350,000 ☐ At least \$350,000 but less than \$400,000
- ☐ If the aggregate total amount is \$400,000 or more, you must round the aggregate total to the nearest
thousand dollars (\$80,000); _____

Page 3 of 3

66-4011

8. AGGREGATE TOTAL OF ALL IN-STATE EVENTS

State the aggregate total amount of all employer expenditures for all in-State event(s) which was or should have been reported to the Commission pursuant to T.C.A. § 3-6-305(b)(6). Authority: T.C.A. § 3-6-303(a)(3).

Only Tennessee

9. TO BE SIGNED BY REPORTING OFFICIAL (must be attested to by a witness)

I certify that the information contained in this Report is true and that it is a complete and accurate report to the best of my knowledge, information and belief.

Signature of Person Completing Report Date

Print Name of Person: HARVEY FLEMMER 11/12/2007

I, the undersigned, acknowledge that I have reviewed the foregoing Report and certify that is complete and accurate to the best of my knowledge, information and belief.

PINEBLADE GOVT AFFAIRS

Signature of CEO, CFO or Authorized Representative Date

Print Name of Person: JERRY MORTIMER 11/14/07

I, Debbie Lemon, the undersigned, do hereby witness the above signature of the CEO, PINEBLADE GOVT AFFAIRS

(Printed Name of Witness) CEO or Authorized Representative, which was signed in my presence.

Debbie Lemon

11-14-07

Signature of Witness Date



FARMERS

Fax

☐ Urgent! Hand deliverTo TN Ethics CommissionFrom Harvey Fischer

Company/Dept. _____

Company/Dept. Tennessee State Office - 66Fax number 253 8704Fax number (615) 661-9833Pages 4 (including this one)Phone Number (615) 661-4946Subject Expenditure Report

Signed _____

Date _____